

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER		59	3/6
FORMALITY REVIEW	OK	7121	3/18/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6-22-00
2	✓	✓	6-22-00
3	✓	✓	6-22-00
4	✓	✓	6-22-00
5	✓	✓	6-22-00
6	✓	✓	6-22-00
7	✓	✓	6-22-00
8	✓	✓	6-22-00
9	✓	✓	6-22-00
10	✓	✓	6-22-00
11	✓	✓	6-22-00
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13	✓	✓	6-22-00
14	✓	✓	6-22-00
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45	✓	✓	6-22-00
46	✓	✓	6-22-00
47	✓	✓	6-22-00
48	✓	✓	6-22-00
49	✓	✓	6-22-00
50	✓	✓	6-22-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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